

HEAD LINES

Spring 2004

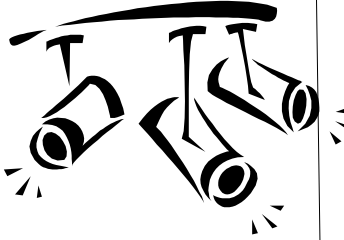
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Division of Mental Health
Dept. for Mental Health & Mental Retardation Services
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Provider Spotlight —

Cardinal Hill Rehabilitation Hospital

Cardinal Hill Rehabilitation Hospital, a CARF*-accredited facility providing comprehensive rehabilitation services, is located in Lexington, Kentucky. Dedicated exclusively to rehabilitation, Cardinal Hill is a non-profit facility, treating over 7,000 people a year from across the state and beyond.

Cardinal Hill Rehabilitation Hospital's Brain Injury Program, established in 1981, serves persons of all ages who have experienced trauma, vascular injury, or infectious disease of the brain, resulting in mild to severe cognitive and physical deficits. The goal of the Brain Injury Team is to help each person reach his or her highest potential. Brain Injury Program options include comprehensive inpatient care, selected outpatient services, structured day services, and home health services. The plan of rehabilitative care may include any or all of the following services: Physical, Occupational, and speech-Language Therapy, Rehabilitation Nursing, Cognitive Retraining, Swallowing Evaluation & Retraining, Bladder & Bowel Retraining, Adjustment Counseling, Community Re-Entry Activities, Support & Education Groups, Aquatic Therapy, Vocational Evaluation, and Hippotherapy.



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Kentucky Suicide Statistics

Suicide is the **2nd leading cause of death** for Kentuckians 15 - 34 years old—

Centers for Disease Control & Prevention

Kentucky suicide death rate is the **16th highest in the nation**—

American Association Suicidology 2000

73% of suicide deaths in Kentucky were **caused by firearms**—

Kentucky Injury Prevention & Research Center

(For more information, see page 5)



"The inpatient team makes referrals both for community services and for Cardinal Hill outpatient services, as appropriate..."

Cardinal Hill Rehabilitation Hospital, continued

The Brain Injury Program is available to individuals at any level of recovery after injury—from coma to milder deficits. In order to provide continuity of care for individuals, staff continue to work with their team of acute care physicians as they focus on their rehabilitative needs. Cardinal Hill's commitment to the individual and family extends beyond discharge from the inpatient Brain Injury Program after the initial phase of rehabilitation. The inpatient team makes referrals both for community services and for Cardinal Hill outpatient services, as appropriate, and the individual's progress is followed in the physician-run outpatient Brain Injury Clinic. The individual's local and referring physicians receive copies of the inpatient Discharge Summary, and the primary care physician later receives a copy of outpatient Discharge Summaries from therapy and structured day services. Internal case managers maintain contact with external case managers. Every effort is made to ensure continuity of care through all stages of recovery.

Cardinal Hill is an approved ABI Waiver provider for Structured Day Program, Occupational Therapy, Speech Therapy, Counseling and Respite Care. The outpatient Brain Injury Program offers comprehensive services (therapy services combined with Structured Day Program)

or individual therapy and/or counseling services. Structured Day Program is provided in two distinct environments, the inpatient Brain Injury Unit and the Adult Day Health program area. Both are secured units for safety and close monitoring while giving individuals as much freedom of movement as possible. On the inpatient unit, individuals have easy access to therapy gyms, a lounge, and a dining room, and the nursing station is centrally located. In the Adult Day Health area, general-purpose activity rooms, a computer lab and a private meeting room are available to clients. Outpatient therapy gyms, including an indoor therapeutic pool, are located nearby on the same level.

To find out more about services at Cardinal Hill Rehabilitation Hospital, please contact Patty Jackson at (859) 254-5701.

To submit an article about your provider agency for a future Headlines newsletter, please contact Susan Tatum at (502) 564-3615.

BIAK Summit

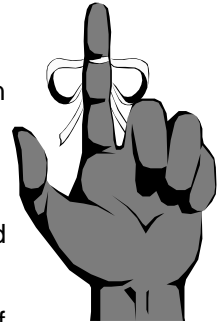


The Brain Injury Association of Kentucky will hold their annual Brain Injury Summit on April 15, 2004, featuring keynote speaker Dick Button, figure skating Olympian and Commentator. The Summit will be held at Cardinal Hill Hospital in Lexington. Please contact BIAK at (502) 493-0609, ext. 21 or send an email to deidra.may@biakus with questions.

Friendly Reminders for All Providers

Level of Care

According to 907 KAR 1:022, Section 4, an individual with a stable medical condition manifesting a combination of at least **two** of the following nine care-needs shall be determined to meet nursing facility level of care:



- Assistance with mobility (at least one: wheelchair assistance, bed positioning/transfer ability, and ambulation)
- Physical or environmental management for confusion and mild agitation (individual requires persistent staff intervention)
- Feeding (individual must be fed)
- Toileting assistance (based upon type and frequency of assistance required)
- Medication administration (cannot perform even with minimal assistance)
- Restorative and supportive nursing care (required to prevent deterioration, includes ROM, splint application, standby assist with ambulation)
- Administration of injections (unable to perform daily dressing, bathing, grooming)
- Cognitive and communication functioning (disoriented to self or place, unable to communicate basic needs and wants-- illiteracy does not qualify).

Section 7 (5) of the same regulation also states that "an individual may qualify for coverage under the brain injury program if:

(a) he or she has a stable medical condition with complicating care needs which prevent the individual from caring for him or herself in an ordinary manner outside an institution; and

(b) The individual has sufficient neurobehavioral sequelae resulting from the brain injury which when taken in combination require specialized rehabilitation services.

Face-to-Face Visits

Please remember that case managers are required to conduct two, face-to-face meetings with ABI recipients within a calendar month, to occur no more than 14 days apart. One of these visits must be at a covered service site. Please be sure to observe the services as they occur as case managers must monitor the delivery of services and their effectiveness .

Criminal Records Check

According to ABI regulations 907 KAR 3:090E states: "For each potential employee, obtain a criminal records check from the Administrative Office of the Courts for each state in which the individual resided during the previous year..." The phone number to contact the AOC is (800) 928-6381 or (502) 573-1682.

Training

PROFESSIONAL SEMINAR SERIES

The following continuing education opportunities will be held at the Frazier Rehab Center in Louisville from 4:30-6:00 p.m. Wednesdays, 4th Floor Activity Room. For more information call (502) 582-7484.

- Mar 17 Sexuality & Individuals with a Brain Injury of All Ages
- Mar 24 Brain Injury: Communication & Cognition
- Mar 31 Relapse Prevention After Brain Injury
- Apr 7 Life After Rehab: Solving Problems in the Real World
- Apr 14 Individuals with Brain Injury: What Happens to Personal and Social Relationships
- Apr 21 Medications Used with Brain Injury
- Apr 28 Returning to Work or Productive Life Roles After BI
- May 5 Physical Deficits, Exercise and Athletics After BI
- May 12 Things to Do, Things to Avoid After a Brain Injury
- May 19 Post-Acute Rehabilitation Services for Individuals with Brain Injury
- May 26 Rancho Los Amigos Level of Recovery Scale After Brain Injury
- Jun 2 A Discussion with a Brain Injury Survivor
- Jun 9 Brain Injury: Medical Issues
- Jun 16 Neuropsychological Evaluation
- Jun 23 Myths & Misconceptions About Brain Injury
- Jun 30 On the Road Again: Driving After a Brain Injury
- Jul 7 Swallowing Disorders and Treatment
- Jul 14 Where to Find Help-- Community Resources for Individuals with Brain Injury

NEURO REHAB PROGRAM IN-SERVICE

The following in-service opportunities will be held at the Frazier Rehab

Center in Louisville from 8:00 - 9:00 p.m., 4th Floor Activity Room. For more information call (502) 582-7484.

- May 6 Case Management Services in the NRP
- Jul 8 Legal Issues Surrounding TBI
- Sep 2 Community-Based Living: Stepping Stones and Pathways
- Nov 11 Transportation Assistance

BASIC TRAINING

Basic trainings will be held tentatively at the Elizabethtown Tourism and Convention Center. *Please contact BIAK at (502) 493-0609 to register or for more information.* Location and dates are subject to change. Trainings are held from 8:30 am-5:00 pm. This will be the final training offered by BIAK- to schedule training in the future, please contact Susan Tatum at (502) 564-3615.

June 24-25, 2004

ABI CASE MANAGEMENT TRAINING

Please contact Alice Blackwell at (502) 564-3615 for more information and to sign-up for training.

CHOICES AND CHANGES — MAKING THE DIFFERENCE

The Choices and Changes Conference is scheduled for April 12-14, 2004 at the Galt House in Louisville. This collaborative conference, sponsored by the Kentucky Department of Education Division of Exceptional Children Division, the State Interagency Council for Services to Children with an Emotional Disability, the Department for Mental Health/Mental Retardation Services, the Kentucky Center for School Safety, Office of Family Resource and Youth Services Centers, and the Department for Juvenile Justice; offers training opportunities to help us better understand and deliver services to people with behavioral and emotional challenges and their families.

Dr. William Kraft, University of Louisville Frazier Rehabilitation Hospital will present a workshop, "A Model for Successful Transition From Health Care to School for Children with Acquired Brain Injury." This workshop is scheduled for April 13th at 1:30. To find out more about this and other workshops offered at Choices and Changes, please visit the following website: http://mhmr.chs.ky.gov/choices_conferences.asp



**Behavior Problems Following Brain Injury:
Management & Treatment for Adults & Children**

**September 10, 2004 — all day
Jewish Hospital Rudd Heart & Lung Conference Center, Louisville**

Conducted by Frazier Rehab Institute & BIAK Professional Seminar Series

Suicide Prevention

BE AWARE OF THE WARNING SIGNS

A suicidal person may:

- Talk about suicide, death, and/or having no reason to live.
- Be preoccupied with death and dying.
- Withdraw from friends and/or social activities.
- Have a recent severe loss or threat of a significant loss.
- Experience drastic changes in behavior.
- Lose interest in hobbies, work, school, etc.
- Prepare for death by making out a will (unexpectedly) and final arrangements.
- Give away prized possessions.
- Have attempted suicide before.
- Take unnecessary risks; be reckless, and/or impulsive.
- Lose interest in personal appearance.
- Increase use of alcohol or drugs.
- Express a sense of hopelessness.
- Be faced with a situation of humiliation or failure.
- Have a history of violence or hostility.
- Have been unwilling to "connect" with potential helpers.

WAYS TO BE HELPFUL TO SOMEONE WHO IS THREATENING SUICIDE

- Be aware. Learn the warning signs.
- Get involved. Become available. Show interest and support.
- Ask if he/she is thinking about suicide.
- Be direct. Talk openly and freely about suicide.
- Be willing to listen. Allow for expressions of feelings. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or feelings are good or bad.
- Don't lecture on the value of life.
- Don't dare him/her to do it.
- Don't tell them to behave differently
- Don't ask "why." This encourages defensiveness.
- Offer empathy, not sympathy.
- Don't act shocked. This creates distance.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available, do not offer glib reassurance; it only proves you don't understand.
- Take action! Remove means! Get help from individuals or agencies specializing in crisis intervention and suicide prevention.

RESOURCES:

www.siec.ca/

www.sprc.org/

smhp.psych.ucla.edu/qf/suicide_qf/

www.suicidology.org

csrp.hku.hk/csrp/images/suicidalrisk/kathy/ppt

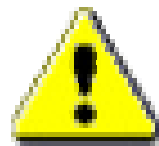
www.priory.com/psych/risk.htm

mhmr.ky.gov/MH/Suicideprev.asp

GET HELP!

Call 1 (800) SUICIDE

if someone you know is considering suicide.



Systems Development Committee

The Legislative Task Force on Services and Supports for Persons with Brain Injury recommended that the TBI Trust Fund Board continue key activities undertaken by the Task Force. The Board agreed to continue this mission and formed the Systems Development Committee. (The Report of the Task Force on Services and Supports for Individuals with Acquired Brain Injuries is available from the Brain Injury Services Unit upon request.)

The Systems Development Committee is charged with:

- Developing strategies to implement the recommendations of the Task Force and report to the TBI Trust Fund Board
- Develop a Strategic Plan for the implementation of services to brain-injured persons in Kentucky.

The Systems Development Committee has already begun the task of developing a strategic plan for the implementation of services to brain-injured persons in Kentucky. The Plan will be submitted to the Office of the Governor upon completion. This is a huge step for the brain injury population in creating new services and supports, and maximizing the use of existing programs and resources. For further information, please contact Colleen Ryall at (502) 564-3615.



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